PEARLS
(Program to Encourage Active, Rewarding Lives for Seniors)

The PEARLS research project tested an intervention aimed at reducing minor depression and resulting disability among older adults. PEARLS was HPRC's core research project during the 1999-2004 funding period. The study was conducted in partnership with City of Seattle’s Aging and Disability Services and Senior Services of Seattle/King County.

PROGRAM DESIGN

The PEARLS program teaches depression management techniques to seniors with minor depression. It consists of eight in-home counseling sessions followed by monthly phone calls. The counseling covers the following three behavioral approaches to managing depression:

1) The PEARLS counselor teaches the participant to recognize symptoms of depression and understand the strong link between unsolved problems and depression. They then teach a structured set of steps the participants can employ to solve their problems, ranging from clearly defining the problem to implementing the chosen solution(s).

2) The counselor helps the participant to meet recommended levels of social and physical activity by steering him/her towards community settings that offer an array of opportunities, such as senior centers, community centers, and faith communities. Involvement in social and physical activities has been shown to improve the mood of people with minor depression.

3) The PEARLS counselor also helps participants identify and participate in personally pleasurable activities. People who are depressed generally stop doing enjoyable things. Engaging in pleasurable activities has been found to be successful in helping people manage their depression.

Depression is known to have a profound impact on the health and quality of life of seniors, as well as their ability to live independently. Depressed older adults are less likely to follow their doctors’ treatment guidelines or engage in healthy practices to self-manage chronic health conditions.

Minor depression affects between 15 to 20% of older adults. It is especially common among older adults who are socially isolated and those with frail health. Doctors and their older patients often incorrectly assume depression is an unavoidable consequence of aging, leading only about half of depressed older adults to receive treatment.

RESULTS

One hundred thirty-eight older adults participated in the PEARLS study. Study participants who received the PEARLS intervention were three times more likely than non-participants to significantly reduce their depressive symptoms or completely eliminate their depression. There were improvements in participants’ functional and emotional well-being, and they reduced their utilization of health care services.

At present, HPRC is working with community partners in the Seattle area to disseminate the program. Efforts are also focused on replicating the PEARLS program throughout Washington State, making it available to a broader range of older adults. PEARLS can be disseminated within community agencies already providing care for isolated, low-income older adults by adding depression management to their established case management. With minimal training, social service agencies can utilize their psychiatric and mental health consultants to provide oversight for case managers trained in the PEARLS intervention.